



**Miller Studio, Inc.**  
MANUFACTURERS OF WALL DECOR AND MAGIC-MOUNTS®



P.O. Box 997 • New Philadelphia, OH 44663-0997 • (330) 339-1100 • Fax (330) 339-4379

March 15, 2001

U.S. Environmental Protection Agency  
Ms. Deena Sheppard-Johnson  
Remedial Enforcement Support Section  
77 West Jackson Blvd.  
Chicago, Illinois 60604



Dear Deena,:

Thank you for the return call and advise regarding the Chemical Recovery Systems Site. Miller Studio, Inc. is willing to co-operate with your investigation. We are unable to locate records to verify documentation. I spoke to Tom Dash this morning regarding his views, his comments were very helpful.

Sincerely,

John A. Basiletti  
President

cc. Mr. Tom Dash



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U.S. ENVIRONMENTAL PROTECTION AGENCY  
DEENA SHEPPARD-JOHNSON, SR-6J  
REMEDIAL ENFORCEMENT SUPPORT SECTION  
77 WEST JACKSON BLVD.  
CHICAGO, IL 60604



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U.S. ENVIRONMENTAL PROTECTION AGENCY  
MR. THOMAS NASH  
REMEDIAL ENFORCEMENT SUPPORT SECTION  
77 WEST JACKSON BLVD.  
CHICAGO, IL 60604

The sender has requested notification upon delivery.  
Immediately upon receipt, please telephone:

Name: \_\_\_\_\_

Tel. No.: ( ) \_\_\_\_\_



**EXPRESS  
MAIL**



**EXPRESS  
MAIL**

UNITED STATES POSTAL SERVICE™

## POST OFFICE TO ADDRESSEE

EE697165372US

### ORIGIN (POSTAL USE ONLY)

PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$

### DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Signature of Addressee or Agent		
X		
Name - Please Print		
X		

### CUSTOMER USE ONLY

TO FILE A CLAIM FOR DAMAGE OR LOSS  
OF CONTENTS, YOU MUST PRESENT THE  
ARTICLE, CONTAINER, AND PACKAGING  
TO THE USPS FOR INSPECTION.

☐ **WAIVER OF SIGNATURE** (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested.  
I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges  
that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of  
delivery.

NO DELIVERY ☐ Weekend ☐ Holiday

Customer Signature

FROM: (PLEASE PRINT)

PHONE ( )



#### 1. COMPLETE LABEL

Type or print required  
information in customer  
block (blue area).

#### 2. PAYMENT METHOD

Attach postage or meter stamp  
to area indicated in upper  
right hand corner. For  
EMCA or government

TO: (PLEASE PRINT)

PHONE ( )



#### 3. ATTACH LABEL

Remove label backing and  
stickers over these  
instructions. Be sure to  
remove the Express Mail

#### 4. DELIVERY METHOD

Call 1-800-222-1811 for our  
convenient pick-up service  
(One low fee no matter  
how many pieces) or

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.gov



Label 11-B July 1997

Addressee Copy

